

Name (print) PHILIP BEUTH

Office (if applicable) DISTRICT COURT JUDGE-FAMILY DIV. DEPT. I

District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN
Phil Beuth 612 So. 10th St. Las Vegas, NV 89101	05/29/02	\$2,000.00	✓
Phil Beuth 612 So. 10th St. Las Vegas, NV 89101	05/29/02	\$5,000.00	✓
Southwest Regional Council of Carpenters 501 N. Lamb Blvd. Las Vegas, NV 89110	07/29/02	\$ 500.00	

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DISTRICT COURT JUDGE-FAMILY DIV. DEPT. I

District (if applicable)

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PHILIP BEUTH
Name (print)DISTRICT COURT JUDGE - FAMILY DIV. DEPT. I
Office (if applicable)

District (if applicable)

Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A-365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
Andrew West 3531 E. Russell Rd., #C Las Vegas, NV 89120	D	07/12/02	\$ 140.00
September Studios 1317 Cadence St. Henderson, NV 89052	D	07/26/02	\$ 500.00
September Studios 1317 Cadence St. Henderson, NV 89052	D	08/06/02	\$1,082.00
September Studios 1317 Cadence St. Henderson, NV 89052	D	08/06/02	\$ 300.00
Carlos Carbonall 1508 S. 15th Street Las Vegas, NV 89104	D	08/06/02	\$ 300.00

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DISTRICT COURT JUDGE-FAMILY DIV. DEPT. I

District (if applicable)

Expenses of \$100 or Less

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IN KIND CAMPAIGN CONTRIBUTIONS

Report Period #

PHILIP BEUTH DISTRICT COURT JUDGE - FAMILY DIV. DEPT. I


me (print)

Office (if applicable)

District (if applicable)

IN KIND

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION	CHECK HERE IF LOAN
				

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District (if applicable)

Contributions of \$100 or Less

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PHILIP BEUTH

DISTRICT COURT JUDGE - FAMILY DIV.

DEPT. I


me (print)

Office (if applicable)

District (if applicable)

IN KIND

Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE
			

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IN KIND CAMPAIGN EXPENSES

Report Period

#

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DEPT. I



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District (if applicable)

IN KIND

Expenses of \$100 or Less

DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE	DESCRIPTION OF EACH IN KIND EXPENSE
		

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Prescribed by Secretary of State
NRS 294A.120, 294A.140, 294A.150
294A.200, 294A.210, 294A.220, 294A.362